

# HOMECARE REGISTRY - INDIVIDUAL

Howard County Office on Aging

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist, C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

## INDIVIDUAL INFORMATION

	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Abdullah, Gulmakai</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Availability:</b> <b>Information:</b>																					
<b>Experience working with:</b> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>																					
<b>Ade, Oyemade</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Availability:</b> <b>Information:</b> CAN and CMT																					
<b>Experience working with:</b> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>																					
<b>Ajibode, Ani</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Availability:</b> <b>Information:</b> Special Training in First Aid and CPR- Monday thru Saturday, 24 hours																					
<b>Experience working with:</b> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
<b>Amara, Josephine</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Availability:</b> Monday-Friday 8pm-8am <b>Information:</b>																					
<b>Experience working with:</b> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
<b>Amoateng, Joyce</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Availability:</b> Friday mornings only, Sunday to Thursday 8 to 4 or 4 to 10 <b>Information:</b>																					
<b>Experience working with:</b> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
<b>Anisso, Sandra</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Availability:</b> Call for hours <b>Information:</b>																					
<b>Experience working with:</b> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>																					
<b>Annoh, Nana</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Availability:</b> Anytime <b>Information:</b> CPR																					
<b>Experience working with:</b> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

**DISCLAIMER:** Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

INDIVIDUAL INFORMATION		CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	G	TR	G
<b>Asabere, Comfort Adoma</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
adoma4zy@yahoo.com		<i>Availability: Mon tfhru Fri, 3 to 11, or 11 to 7</i>										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Bailey, Geneva P.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Please text		<i>Availability: 8am to 5pm- Mon. thru Fri.- Some weekends with Extra pay</i>										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Baker, Yolanda</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
bakeryolanda@gmail.com		<i>Availability: 9am to 9pm, Mon-Fri</i>										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Bandle, Christiana</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
443-676-5461 C		<i>Availability: Mon-Fri flex morning hrs; Sat morning, Sun after 3pm.</i>										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Banto, Olivia</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
443-657-3026 H		<i>Availability: M-Sat</i>										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
livybanto@hotmail.com		<i>Information:</i>																						
<b>Barker, Terry</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tb3618834@gmail.com		<i>Availability: Full Time/Part Time</i>										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Beard, Deborah</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
deborahbeard82@gmail.com		<i>Availability: Day hours as of now</i>										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Blemy, Evelyn Norze</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
evelyn4321@gmail.com		<i>Availability: Mon. thru Fri.</i>										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Bonsu, Gloria Osei</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
240-241-3948 C		<i>Availability: Flexible</i>										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
		<i>Information: CPR, First Aid &amp; training in usage of hoyer lifts, g tube care and colostomy bag care.</i>																						

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INDIVIDUAL INFORMATION		CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON	
<b>Brister, Mary Ann</b> 410-489-6756 H 301-775-6102 C  <i>Availability: Open</i> <i>Information: Certified in Adult &amp; Child CPR</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Bruno, Eugena</b>  eugena92@gmail.com  <i>Availability: Tuesday, Thursday and Wednesday Morning</i> <i>Information: CPR,PCT, First Aid</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Carroll, Tonya</b> 443-538-8894 H  tonyacarroll48@yahoo.com  <i>Availability:</i> <i>Information: Certified Medication Tech, Adult AED, CPR, First Aid, Licensed Cosmetologist, HIPPA</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Celius, Daniela</b> 410-715-1045 H 443-538-0353 C  <i>Availability: Contact for details</i> <i>Information: PCT, PCA, CPR, French &amp; Creole Languages.</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Chambers, April</b>  aprilhha3318@gmail.com  <i>Availability: Monday-Fri, 7pm-7am, Weekends by request</i> <i>Information:</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Chang, In Sook</b>  inchang711@gmail.com  <i>Availability: Anytime</i> <i>Information: Korean, English- CPR, PCA- 7 years at AL, Home Health Care, Adult Medical Day Center</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Clay, Virginia Lucille</b>   <i>Availability: Any Hours</i> <i>Information: Geriatric aide certificate</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Cobbins, Sharon M</b>  kscobbins@verizon.net  <i>Availability: Mon-Fri (all day and all night, Saturday night only)</i> <i>Information: Alzheimer's care, Geriatric Care</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Coleman, Jacqueline</b> 443-629-4899 C  <i>Availability: Anytime</i> <i>Information: Light lifting. ON with advanced notification.</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Dixon, Denise</b> 410-489-6110 H 443-812-1056 W <i>Availability: Mon-Fri 11am-2pm</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Dixon, Elizabeth</b> 410-944-1093 H edixon2135@yahoo.com <i>Availability: Mon-Sat</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Dixon-Holmes, Trina</b> 410-208-8528 H tshortydiva1@aol.com <i>Availability: Mon-Fri 9am-5pm; 1/2 day Sat</i> <i>Information: CPR, Medication Observanced; Nursing Assitant, Medical Assistant, Home Health Caregiver training.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Eldridge, Janet</b> 410-218-0910 H leedjanet63@yahoo.com <i>Availability: 4pm-12pm Weekdays, 8am-5pm Weekend, some overnight</i> <i>Information: Hospice, Alzheimer, Nursing Home, Hospital ICU &amp; CCU training. CPR/First Aide cert.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Evans, Rachel</b> 301-776-8059 H 240-671-7928 C <i>Availability: Days, nights &amp; some weekend.</i> <i>Information: EMT</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Evans, Sandra</b> 240-370-5726 C <i>Availability: Varys</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Ferguson, Celestine</b> 443-546-3992 H 301-204-3984 C <i>Availability: Mon-Fri 9am-8pm</i> <i>Information: First Aid and CPR certification</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Funmilayo, Tunmbi</b> 410-707-1201 C <i>Availability: Mon-Fri daytime hrs; Sat-Sun anytime.</i> <i>Information: CPR, First Aid, Personal Care; Anharic Language.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Gederon, Carol</b> 240-501-7896 H <i>Availability: Mon-Sat, 36-40 hrs/week</i> <i>Information:</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON	
<b>Graham, Jolanda</b> 240-483-8264 C  jgraham894@aol.com <i>Availability: Mon-Fri, some weekends.</i> <i>Information: Prefers to lift patients with equipment</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Green, Hope</b> 410-564-4074 H  handsofhopeservices@gmail.com <i>Availability: Flexible hrs during week, alternating weekends.</i> <i>Information: First Aid, CPR</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Hall, Denise</b> 410-437-3587  <i>Availability: Flexible days and hours</i> <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Hall, Lorraine</b>  <i>Availability: 2-3 days per week, 4-6 hours or less</i> <i>Information:</i>  lhall992@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Hamilton, Marcia</b>  <i>Availability: Appointment only, 7 days a week.</i> <i>Information: Owner of Follicles by Marcia and Achivers Hair Studio</i>  pahfollicles@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Hammond, Comfort</b>  <i>Availability: Sun-Fri, 7am-7pm or 7pm-7am</i> <i>Information:</i>  antwi.hammond@gmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Harris, Caleb</b>  <i>Availability:</i> <i>Information: Woundcare Support Services</i>  ccharris6604@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Henderson, Angela</b> 443-518-0367 C  herndersonangelad@yahoo.com <i>Availability: Mon-Sun, Flexible/no nights</i> <i>Information: CPR &amp; First Aid Certification. Meds &amp; Supervisory training.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Hodges, Shawndrita</b>  <i>Availability: Monday - Friday 7am -7pm. Weekends and holidays 6am -2pm.</i> <i>Information: Offers hair styling. Special training work with patients of Alzheimer's/dementia, COPS, Hospice, Parkinsons.</i>  shawndrita.hodges@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Howard, Lisa</b> 301-596-6814 H 443-208-8741 C <i>Availability:</i> No restrictions <i>Information:</i> Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Jalloh, Mariama</b> <i>Availability:</i> Tuesday and Thursdays, every other Monday and Sunday, hours <i>Information:</i> Licensed Cosmetologist, Beauty Consultant healthyhairbymariama@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Jamil, Muhammad</b> 410-730-1645 H 443-766-0487 C <i>Availability:</i> Day/night, including weekends. <i>Information:</i> Urdu Language; Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Joo, Hang Tae</b> <i>Availability:</i> any time <i>Information:</i> hantaejoo@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Jung, Pil Won</b> <i>Availability:</i> <i>Information:</i> CPR Certificate jounpww@naver.vom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Kambewa, Esther</b> <i>Availability:</i> <i>Information:</i> esthermbw@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Kathurima, Jane</b> 301-793-5281 H <i>Availability:</i> Flexible <i>Information:</i> First Aid, CPR, Personal Care; Minimal Spanish Language. info@victoryhomehealthcare.org	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Keaser, Angela M</b> 443-591-2906 C <i>Availability:</i> Flexible evenings, 5pm-until. Negotiable weekends. <i>Information:</i> CPR, First Aid, AED, CMT Certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Kelly, Brittany</b> <i>Availability:</i> Monday-Thursday 8am-4pm <i>Information:</i> brittanykelly_57411@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												

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INDIVIDUAL INFORMATION									C	LI	LC	HC	MP	S	RLA	LF	T	G	TR	ON
Kim, Young j.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Availability:									<a href="#">Experience working with:</a>											
Information: CPR Certified training,									Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
jyoung@naver.com									Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/>											
									Younger Person with Disability <input checked="" type="checkbox"/>											
Kim, Youngran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Availability: Monday-Thursdays, Saturdyas 11am-4pm									<a href="#">Experience working with:</a>											
Information:									Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
									Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
									Younger Person with Disability <input type="checkbox"/>											
Kincaid, Donna E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Availability: 8 or 9 to 4 or 5- Mon-thru Fri, Maybe some Saturdays									<a href="#">Experience working with:</a>											
Information: Worked as a Hemodialysis Nurse for 14 years. Worked in Med-Surgery, and in a Long Term Care Facility as a Geriatric Nurse									Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
thompsondonna72@yahoo.com									Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/>											
									Younger Person with Disability <input checked="" type="checkbox"/>											
Kizito, Olive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Availability: Monday-Saturday 7am-2pm or 8pm to 7am									<a href="#">Experience working with:</a>											
Information:									Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
onamboozee@yahoo.com									Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/>											
									Younger Person with Disability <input checked="" type="checkbox"/>											
Kotei, Edith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Availability: Any hours based on client's needs.									<a href="#">Experience working with:</a>											
Information: CPR Certification. No restrictions									Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
ekotei@hotmail.com									Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
									Younger Person with Disability <input type="checkbox"/>											
Krapa-Gyasi, Anthony Kitson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Availability: Mon-Fri 7am-6pm; Saturday 8-1pm.									<a href="#">Experience working with:</a>											
Information: CPR, First Aid, Food Safety									Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
443-642-8404 H									Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/>											
									Younger Person with Disability <input checked="" type="checkbox"/>											
Kubi, Yvonne	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability: Monday-Friday, 9:30am-2pm.									<a href="#">Experience working with:</a>											
Information:									Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
zubiyv@yahoo.com									Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/>											
									Younger Person with Disability <input checked="" type="checkbox"/>											
Kukuruku, Eva	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Availability: Flexible									<a href="#">Experience working with:</a>											
Information: Call for details.									Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
301-362-1960 H									Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
301-536-5938 C									Younger Person with Disability <input type="checkbox"/>											
Lamidi, Subulola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability: Mon-Fri 8am - 11pm, Sat 8am -12pm									<a href="#">Experience working with:</a>											
Information: Training in CPR, First Aid, CMT,BloodPathogens, BPS, Communicable Diseases, Promoting Community Integration									Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
igbesa@vahoo.com									Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/>											
									Younger Person with Disability <input checked="" type="checkbox"/>											

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Lang, Karen</b> 443-536-1022 C <i>Availability: Flexible</i> <i>Information: CPR, Over 16 years experience</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Lee, Joonam</b> <i>Availability: Anytime</i> <i>Information:</i> joonam1952@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Lesperance, Irene</b> 410-715-8730 H <i>Availability: Anytime during the day; flexible hrs at night.</i> <i>Information: French &amp; Creole; Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Linder, Lamona</b> 410-579-8877 H <i>Availability: Anyday 6am-6pm.</i> <i>Information: Call for details.</i> lamona@verizon.net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Locke, Beryl</b> 443-860-9491 H 410-660-3501 C <i>Availability: Sat/Sun overnight, Mon-Fri 9-3 or Mon- Fri 5-10</i> <i>Information:</i> beryl_locke@yahoo.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Lofton-Greene, Javonne She</b> 410-740-3319 H 410-294-9973 C <i>Availability: Mon-Sat 9am-3pm</i> <i>Information: CPR, EKG</i> lshenay@yahoo.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Lucienda Kelly</b> <i>Availability: 7 days, any hours</i> <i>Information:</i> lucimira@ymail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Matthis, Donna Lynn</b> 443-567-1429 H 443-547-9707 C <i>Availability: Anytime</i> <i>Information: Hospice Training, Administers Medication</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Mbuh,Florence</b> 240-646-2638 H <i>Availability: Mon-Sat</i> <i>Information:</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>McCray, Debra</b> 443-570-0558 H <i>Availability: Days, some weekends.</i> <i>Information: CPR, First Aid, over 30 years experience</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>McDonald, Kimberly F.</b> 301-861-6359 C <i>Availability: Part-time</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Meribe, Ngozi</b> 301-905-8889 H <i>Availability: Mon-Sun</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Mi Kang Yi</b> 410-404-5317 C <i>Availability: Mon-Sat 7am-7pm</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Midi, Gerda</b> 410-579-2004 H 410-794-6957 C <i>Availability: Available nights &amp; flexible days.</i> <i>Information: CPR, Medication, Blood Sugar, EKG, IV &amp; Catheter, Prefers Columbia, Elkridge, Jessup &amp; Ellicott City locations.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Moore, Sharon</b> 240-264-7413 C <i>Availability: Weekdays</i> <i>Information: CPR</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Morsell, Teresa</b> 443-827-5387 H <i>Availability: Mon-Sat, live-in or 8-12 hours.</i> <i>Information: Medication, Experience with Personal Care, errands, administering meds &amp; as a live in.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Ngu, Frida</b>  <i>Availability: Monday thru Friday- all shifts-No Saturdays</i> <i>Information:</i>  probiz77@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Njangba, Etienne</b> 443-813-8209 H <i>Availability: Anytime</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Nsereko, Douglas</b> 240-646-4593 H <i>Availability:</i> Mon, Wed, Thurs 9:30am-1:30pm. <i>Information:</i> Call for details.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Oladapo, Mutiat</b> 443-518-6390 C dtdesigns10@gmail.com <i>Availability:</i> <i>Information:</i> 6am-2pm, 11pm-7am, morning or night shift; HHA, CPR training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Olagun, Mary</b> <i>Availability:</i> Mon. thru Fri. as available <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Onyewkwu, Gloria</b> <i>Availability:</i> Anytime <i>Information:</i> Adult first aid/ CPR/AED by Red Cross gloriakee922@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Opatola, Oluwaseun</b> <i>Availability:</i> Monday-Friday 5pm-11pm or 11pm-7am <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Osuji Peter Chikwunyere</b> 301-306-4261 H 240-444-9821 O 240-605-0666 C pirabor@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Ousley, Jen</b> 865-617-3547 C <i>Availability:</i> Anytime <i>Information:</i> Lift up to 80 pounds dead weight, no more than 40 pounds. CPR, First Aid & Alzheimer's Training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Page, Karen</b> 443-367-1238 H kpage@verizon.net <i>Availability:</i> Mon-Fri anytime; Sat evenings; Sun anytime. <i>Information:</i> 2 yr wound care experience, MA Waiver Certified, Personal Care; Elkridge & Laurel Locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Payaswini, Shah</b> 410-799-9148 H 410-321-2737 W 443-570-1067 C <i>Availability:</i> 4 days a week; 6 hours per day. <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Pearson, Perlina</b> 410-997-9111 H  prlpears@aol.com <i>Availability: Mon-Fri 7am-4:30pm (PRN/SAT)</i> <i>Information: Certified Nurse Assistant and Home Care Aid, CPR.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Peigne, Rose</b> 410-964-3084 H 443-538-8977 C  <i>Availability: Tues, Wed, Thurs flexible hrs, some weekends.</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Pettit, Judy</b> 443-889-2037 C  <i>Availability: Mon-Fri 8 hour or 12 hour shifts.</i> <i>Information: Employed as nurse since 1989</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Pugh, Garfia</b>  <i>Availability: 3pm to 10pm</i> <i>Information:</i>  garfia.pugh@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Redd, Evangelin</b> 410-496-7362 H 410-303-5517 C  genevaredd@verizon.net <i>Availability: Mon-Fri 7am-7pm, some weekends.</i> <i>Information: CPR, First Aid</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Robinson, Janet</b> 410-530-8571 C  janet.robinson3@yahoo.com, jsr.busin <i>Availability: Monday-Friday 9am-3pm.</i> <i>Information: CPR, First Aid, Personal home health care</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Robinson, Joan</b> 410-655-6474 H 443-865-6523 C  <i>Availability: Mon, Wed, Fri 10am-2pm; Tues, Thurs 8am-2pm.</i> <i>Information: CPR, First Aid, 35 yrs exp as a CNA for state hospital.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Rochelin, Marie J</b> 301-890-2975 H 240-620-1307 C  ojrochlin10@hotmail.com <i>Availability: Evenings/weekends.</i> <i>Information: French &amp; Creole Languages; Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Rohme, Jessica</b> 240-898-7286 C  jessicaledroux@gmail.com <i>Availability: Mon-Fri 9-6</i> <i>Information: CPR &amp; First Aide, AED Training.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												

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Roy, Vernetta		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Availability:												<a href="#">Experience working with:</a>											
Information:												Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input checked="" type="checkbox"/>											
Rudd, Shanon		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
410-872-4948 H		Availability: Mon-Fri 10am-6pm.										<a href="#">Experience working with:</a>											
410-812-1947 C		Information: CPR, Medical Assistant, Overnight upon request only.										Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input type="checkbox"/>											
Saint Louis, Marie Lucianna		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Availability: Sun-Thurs, 8am to 1pm												<a href="#">Experience working with:</a>											
Information:												Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
carline2991@gmail.com												Younger Person with Disability <input type="checkbox"/>											
Sanders, Carmelle		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
240-706-1053 H		Availability:										<a href="#">Experience working with:</a>											
Information:												Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
sanders.carmelle@aol.com												Younger Person with Disability <input type="checkbox"/>											
Savage, Pam		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
410-599-2312 C		Availability: immediately										<a href="#">Experience working with:</a>											
Information: Licensed Health Care Provider- I prefer working with older adults.												Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
												Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
artfun1102@gmail.com												Younger Person with Disability <input type="checkbox"/>											
Savage, Pamela		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Availability: Weekdays or weekends												<a href="#">Experience working with:</a>											
Information: Over ten years of experience in health care, including experience in hospitals and nursing homes.												Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
artfun1102@gmail.com												Younger Person with Disability <input type="checkbox"/>											
Scales, Shawndrita		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Availability: Monday-Friday 7am-7pm, alternate weekends												<a href="#">Experience working with:</a>											
Information: Professional CAN with 10+ years experience working with the elderly in different health care settings such as nursing homes, private homes, assisted living and hospitals.												Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
shawndrita.hodges@gmail.com												Younger Person with Disability <input type="checkbox"/>											
Senyoh, Selina		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
240-328-2697 C		Availability: Mon-Sat 7am-7pm, 8am-8pm, 7pm-7am.										<a href="#">Experience working with:</a>											
Information: Call for details.												Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
selina.senyoh@gmail.com												Younger Person with Disability <input type="checkbox"/>											
Serrano, Arlene		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Availability: Monday to Friday, 8 am - 12 noon												<a href="#">Experience working with:</a>											
Information:												Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
arleneserrano19@yahoo.com												Younger Person with Disability <input type="checkbox"/>											

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Simpson, Sharon</b> 410-207-4874 C  srs20794@aol.com  <i>Availability:</i> Anytime <i>Information:</i> CPR, MA Waiver Certified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Smith, Sharon D.</b>  <i>Availability:</i> M-F after 6pm, Saturday 6am-6pm, Sunday 1pm-8pm <i>Information:</i>  sdsmith554@verizon.net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Sophia DeRosa</b>  <i>Availability:</i> Day work preferred <i>Information:</i> CNA certificate, patient care tech, CPR certificate  dee.reed3@yahoo.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>St. Hill, Teresa</b> 240-274-0394 C  <i>Availability:</i> Anytime <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Sweet, Allyn Grace</b>  <i>Availability:</i> Monday-Friday, 4 hours/day between 9am and 4pm <i>Information:</i> Certificates in Reiki, Healing Touch  agsweet@usa.net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Theresa Metzger</b>  <i>Availability:</i> Monday 3-11pm, Friday 11pm-7am <i>Information:</i>  theresametzger55@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Thomas, Mable E.</b> 443-520-3291 H  <i>Availability:</i> Mon-Fri anytime after 11am. <i>Information:</i> Certified as a Care Provider Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Trumbauer, Beatrix E.</b> 410-651-3994 H 443-366-4557 C  <i>Availability:</i> Part-time except for overnight care. <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Tyson, Myra</b> 443-474-1587 H  <i>Availability:</i> Flexible 1-24 hours, may call anytime or emergencies. <i>Information:</i> CPR, Home Care Nurse, Recreation, outings, pediatrics, tube feeding, mental health, hospice, transport limited, no restrictions.  myramnm@comcast.net	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Valentine, Catherine E.</b> 443-542-2425 H <i>Availability: Flexible</i> <i>Information: Training for Home Care, Principles of Behavioral Change</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Vick, Michael</b> 410-975-8633 H 214-799-8634 C michael-vick@swbell.net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Vodi, Olivia</b> 240-328-2697 H <i>Availability: Mon-Sat 7am-7pm</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Wang, Spring</b> <i>Availability: Flexible hours</i> <i>Information: CPR, PCT</i> agingservices@gmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Wasser, Carol</b> 410-290-9662 H <i>Availability: Anytime</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Whyte, Tanyah</b> 443-542-0569 H 410-531-6000 W 973-336-4184 C <i>Availability:</i> <i>Information: CPR certified.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Williams, Dianna Maria</b> 410-740-4336 H 443-827-3492 C <i>Availability: Open</i> <i>Information: Hair &amp; nails</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Wolf, Susan E</b> <i>Availability:</i> <i>Information:</i> wolfcolema@aol.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Wood, Sonia</b> 410-799-3483 H 443-623-0948 C <i>Availability: Mon-Fri evenings, Saturdays.</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												

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**Yohuno, Patricia** ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☒ ☒ ☐ ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☐

410-340-0733 C *Availability: Flexible* *Information: Medical Assistant, EKG Tech, CPR & First Aid* Experience working with:

Deaf ☐ Alzheimer/Dementia ☒  
 Blind ☐ Incontinent ☒  
 Younger Person with Disability ☒